FAX NO.



JUL-02-2002 TUE 11:08 AM

Under the Paperson Reduction Act of 1996, a	Application Number	108/100/2007	
POWER OF ATTORNEY OR JUTHORIZATION OF AGENT, NOT ACCOMPANYING APPLICATION	Filing Date	JANVAR	1005,25 43
		Rong	
	Group Art Unit	2859	
	Examiner Name	Gall Verbitsk	γ
	Atterney Docket Num	ber 106.0	0/
hereby appoint: Practitioners at Customer Number OR	30480	1 40	0480
Practitioner(s) named below:			TRADEMARK OFFICE
Name		Registration Nu	HI III
business in the Patent and Trademann			
Please charge the correspondence address. The above-mentioned Customer Num	ess for the above-ide		
Please charge the correspondence address The above-mentioned Customer Num OR	ess for the above-ide		
Please charge the correspondence addr. The above-mentioned Customer Num OR	ess for the above-ide		
Please charge the correspondence address of the above-mentioned Customer Nur OR	ess for the above-idea	ntified application	
Please charge the correspondence address in the Patent and Process of the above-mentioned Customer Number of Individual Name	ess for the above-ide	ntified application	to:
Please charge the correspondence addr The above-mentioned Customer Num OR Firm or Individual Name Address Address City Country	ess for the above-idea	ntified application	to:
Please charge the correspondence address The above-mentioned Customer Nur OR Individual Name Address Address City	ess for the above-identification.	ntified application	to:
Please charge the correspondence address The above-mentioned Customer Num Film or Individual Name Address Address City Country Telaphone I sm tha:	ess for the above-identification.	ntified application	to:
Please charge the correspondence address Firm or Individual Name Address Address City Country Telephone I am tha: Applicant.	ress for the above-lider nber. Stat	ntified application	to:
Please charge the correspondence address The above-mentioned Customer Num OR Firm or Individual Name Address Address City Country Telephone I am tha: Applicant	ess for the above-identification in the rest	ntified application	to:
Please charge the correspondence address The above-mentioned Customer Num OR Ifirm or Individual Name Address City Country Telephone I sm tha: Applicant. Assignee of record of the entire Certificate under 37 CFR 3.736	ess for the above-identification in the rest	nified application	to:
Please charge the correspondence address The above-mentioned Customer Num OR Ifirm or Individual Name Address City Country Telephone I sm tha: Applicant. Assignee of record of the entire Certificate under 37 CFR 3.736	ess for the above-identification of the above-identificati	nified application	to: